

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

1 1

0 2

2 0 0 4

in the  
State of

DC

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

1 0

0 1

2 0 0 6

through

1 0

1 8

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

1 2

0 6

2 0 0 6

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
1	0		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
1	0		1	8		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		43452.73
(b) Cash on Hand at Beginning of Reporting Period .....	23263.03	
(c) Total Receipts (from Line 19) .....	3835.95	67646.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27098.98	111098.98
7. Total Disbursements (from Line 31) .....	500.00	84500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26598.98	26598.98
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3266.66	64026.99
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	569.29	3619.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	3835.95	67646.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	3835.95	67646.25
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3835.95	67646.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3835.95	67646.25

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		500.00	84500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		500.00	84500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		500.00	84500.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3835.95	67646.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3835.95	67646.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Adams

Mailing Address 203 Bridle Path Lane

City State Zip Code  
 Fox River Grove IL 60021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP I, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30387

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3880.60

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30396

Amount of Each Receipt this Period

195.00

Receipt

Payroll Deduction: (195.0-  
0/Pay Period )

Full Name (Last, First, Middle Initial)

C. Robert H Armstrong

Mailing Address 133 Manchester Drive

City State Zip Code  
 Waukesha WI 53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, R & D Medical Devices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30400

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael J Baughman  
Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30423

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Sebastian Bufalino  
Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30434

Amount of Each Receipt this Period

46.55

Receipt

Payroll Deduction: (46.55-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Donna Campagna  
Mailing Address 30922 St Andrews Drive

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30392

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

166.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward Conrad

Mailing Address 113 S Waverly Pl

City State Zip Code  
Mt Prospect IL 60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Dir, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1179.68

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30421

Amount of Each Receipt this Period

59.53

Receipt

Payroll Deduction: (59.53-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Sarah Creviston

Mailing Address 717 North Maple Ave.

City State Zip Code  
Palatine IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1492.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30414

Amount of Each Receipt this Period

75.68

Receipt

Payroll Deduction: (75.68-  
/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City State Zip Code  
San Juan PR 00927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Puerto  
Rico

Occupation  
Dir, Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.94

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30439

Amount of Each Receipt this Period

39.98

Receipt

Payroll Deduction: (39.98-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

175.19

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert M Davis			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 21515 Hummingbird Court			<b>Transaction ID:</b> 61204.C30424	
City State Zip Code Kildeer IL 60047			Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. <b>C</b>			Receipt	
Name of Employer Baxter International Inc.		Occupation CVP, Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1755.25		
<b>B.</b> Full Name (Last, First, Middle Initial) Mayra Diaz-jimenez			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address Estancias De San Fernando Calle 7			<b>Transaction ID:</b> 61204.C30443	
City State Zip Code Carolina PR 00985			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			Receipt	
Name of Employer Baxter S. & D. Puerto Rico		Occupation Mgr I, Reg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Estrem			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 325 Clarewood Circle			<b>Transaction ID:</b> 61204.C30394	
City State Zip Code Grayslake IL 60030			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			Receipt	
Name of Employer Baxter Healthcare Corpora- tion		Occupation VP II, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00		

**SUBTOTAL** of Receipts This Page (optional) .....

185.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Freeman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 832 Foxmoor Lane		<b>Transaction ID:</b> 61204.C30389
City Lake Zurich	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.22
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP I, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 952.76	Payroll Deduction: (53.22- /Pay Period )

<b>B.</b> Full Name (Last, First, Middle Initial) James Gatling		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 3704 Lindsay Ln		<b>Transaction ID:</b> 61204.C30372
City Crystal Lake	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.54
Name of Employer Baxter Healthcare Corpora- tion	Occupation CVP, Global Manufacturing Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2640.02	Payroll Deduction: (136.5- 4/Pay Period )

<b>C.</b> Full Name (Last, First, Middle Initial) John Greisch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2636 Chesapeake Lane		<b>Transaction ID:</b> 61204.C30435
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Baxter International Inc.	Occupation CVP, President - International	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4320.00	Payroll Deduction: (220.0- 0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

409.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Guiheen  
Mailing Address 1653 Vista Oaks Way

City State Zip Code  
Westlake Village CA 91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
President V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30364

Amount of Each Receipt this Period

35.00

Receipt

Payroll Deduction: (35.00-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Worth Holder Jr  
Mailing Address 42 Jamestown Court

City State Zip Code  
Grayslake IL 60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
VP II, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30432

Amount of Each Receipt this Period

42.83

Receipt

Payroll Deduction: (42.83-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Irene Jakimcius  
Mailing Address 2208 Wesley Ave.

City State Zip Code  
Evanston IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30427

Amount of Each Receipt this Period

60.91

Receipt

Payroll Deduction: (60.91-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

138.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Kamienski

Mailing Address 6312 N Keating

City State Zip Code  
 Chicago IL 60646

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.14

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30375

Amount of Each Receipt this Period

50.47

Receipt

Payroll Deduction: (50.47-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. Jane Kiernan

Mailing Address 525 W. Roscoe , #3W

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
General Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30390

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

C. Edward A Langan

Mailing Address 1605 Highland Avenue

City State Zip Code  
 Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30362

Amount of Each Receipt this Period

75.00

Receipt

Payroll Deduction: (75.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

165.47

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code  
 Chicago IL 60614

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3758.44

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30425

Amount of Each Receipt this Period

189.23

Receipt

Payroll Deduction: (189.2-  
3/Pay Period)

B. Full Name (Last, First, Middle Initial)

Matthew Lykken

Mailing Address 421 North Wheaton Ave

City State Zip Code  
 Wheaton IL 60187

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.85

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30433

Amount of Each Receipt this Period

50.96

Receipt

Payroll Deduction: (50.96-  
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Brian W Magerkurth

Mailing Address 4218 Third Street Lane NW

City State Zip Code  
 Hickory NC 28601

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Global Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.16

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30397

Amount of Each Receipt this Period

55.26

Receipt

Payroll Deduction: (55.26-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

295.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code  
Bayamon PR 00959

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Puerto Rico

Occupation  
 Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.60

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30438

Amount of Each Receipt this Period

44.31

Receipt

Payroll Deduction: (44.31-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter International Inc.

Occupation  
 CVP, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.10

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30430

Amount of Each Receipt this Period

153.85

Receipt

Payroll Deduction: (153.8-  
5/Pay Period)

Full Name (Last, First, Middle Initial)

C. Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 General Manager III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.32

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30410

Amount of Each Receipt this Period

52.88

Receipt

Payroll Deduction: (52.88-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

251.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Bruce McGillivray

Mailing Address 151 Ridge Lane

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, President Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2413.92

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30405

Amount of Each Receipt this Period

134.62

Receipt

Payroll Deduction: (134.6-  
2/Pay Period)

**B.** Full Name (Last, First, Middle Initial)

Frank Monteleone

Mailing Address 4620 Forest Edge Lane

City State Zip Code  
 Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1295.94

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30412

Amount of Each Receipt this Period

65.46

Receipt

Payroll Deduction: (65.46-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)

Barbara Morris

Mailing Address 924 N. Saratoga Dr.

City State Zip Code  
 Palatine IL 60074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30380

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

210.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Moss Mailing Address 1620 Waukegan Rd c/o Bruce McGilli City State Zip Code McGaw Park IL 60085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Strategy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61204.C30402 Amount of Each Receipt this Period 50.00 Receipt Payroll Deduction: (50.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Murphy Mailing Address 14601 N Somerset Circle City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Asst General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 435.67		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61204.C30411 Amount of Each Receipt this Period 22.50 Receipt Payroll Deduction: (22.50- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Peter Omalley Mailing Address 563 Greenway Drive City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation VP/GM II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61204.C30416 Amount of Each Receipt this Period 45.00 Receipt Payroll Deduction: (45.00- /Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

117.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, Govt Aff & Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30398

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (80.00-  
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code  
 Los Angeles CA 90056

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.80

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30406

Amount of Each Receipt this Period

51.75

Receipt

Payroll Deduction: (51.75-  
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Virginia Pringle

Mailing Address 341 3rd Street West

City State Zip Code  
 Tierra Verde FL 33715

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.16

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30384

Amount of Each Receipt this Period

28.73

Receipt

Payroll Deduction: (28.73-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

160.48

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Roibin Ryan Mailing Address 1419 W Berteau City State Zip Code Chicago IL 60613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation Deputy General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 432.70		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61204.C30428 Amount of Each Receipt this Period 86.54 Receipt Payroll Deduction: (86.54- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) David P Scharf Mailing Address 931 Oak Street City State Zip Code Winnetka IL 60093 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, Corporate Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 735.15		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61204.C30426 Amount of Each Receipt this Period 44.33 Receipt Payroll Deduction: (44.33- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Schiffer Mailing Address 33741 Shackleton Isle City State Zip Code Monarch Beach CA 92629 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Assoc General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1380.84		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61204.C30395 Amount of Each Receipt this Period 69.75 Receipt Payroll Deduction: (69.75- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**200.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victor Schmitt

Mailing Address 699 Bluff Road

City State Zip Code  
 Lake Bluff IL 60044

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Pres, Venture Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30388

Amount of Each Receipt this Period

38.50

Receipt

Payroll Deduction: (38.50-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.46

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30363

Amount of Each Receipt this Period

51.02

Receipt

Payroll Deduction: (51.02-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Deborah Spak

Mailing Address 1555 Stratford

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30431

Amount of Each Receipt this Period

11.65

Receipt

Payroll Deduction: (11.65-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

101.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Donald Sullivan  
 Mailing Address 910 W Cypress Drive

City State Zip Code  
 Arlington Heights IL 60005

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30419

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
 Karenann Terrell  
 Mailing Address 914 Queens Lanes

City State Zip Code  
 Glenview IL 60025

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30429

Amount of Each Receipt this Period

192.31

Receipt

Payroll Deduction: (192.3-  
1/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
 Onelia Vera-littrell  
 Mailing Address 619 Oleander Drive

City State Zip Code  
 Hallandale FL 33009

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1512.88

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30413

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

309.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cheryl White

Mailing Address 4069 Mayfield Street

City

Newbury Park

State

CA

Zip Code

91320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

CVP, Quality

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 61204.C30418

Amount of Each Receipt this Period

125.00

Receipt

Payroll Deduction: (125.0-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

3266.66

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Marsha Blackburn

Mailing Address P.O. Box 682185

City  
Franklin

State  
TN

Zip Code  
37068-

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2004  
☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 61016.E751

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00